

## KANSAS SECRETARY OF STATE Limited Liability Partnership Cancellation of Statement of Qualification

CONTACT: Kansas Office of the Secretary of State

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**INSTRUCTIONS**: All information must be completed or this document will not be accepted for filing. **Please read instructions before completing.** 

num	usiness entity ID ber: s not the Federal Employer						
	mber (FEIN)						
Name	ame of partnership: must match the name on l with the Secretary of State						
3. The limited liability partnership cancels its statement of qualification.							
4. F	uture effective date:	Upon filing					
		Future effective date					
			Month	Day	Year		
5. We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that we have remitted the required fee.							
-	Signature of partner		Date (month, day, year)	) Name of	signer (printed or typed)		
	Signature of p	artner	Date (month,	day, year)	Name of signer (printed or typed)		
0	Instructions:						
	1. This form must be signed by at least two partners. K.S.A. 56a-105(c).						
	2. A foreign limited liability partnership may file a certified copy of a statement of cancellation filed in another state instead of this form.						
	3. If this form is submitted after the close of the entity's tax year, an annual report and fee must be submitted along						
_	with or prior to cancellation. If the entity has forfeited, it must reinstate before cancellation.  4. Submit this form with the \$35 filing fee.						
	STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TWWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.						
	NOTICE: There is a \$25	service fee for all check be completed or this do	ks returned by your	financial in:	stitution.		